

Entered - 08/28/00 - sb
CL00L0494 - DIANNE C. MITCHELL

01-R-0138

CLAIM OF: GORDON H. HARPER
2827 Dover Road
Atlanta, Georgia 30327

For damages alleged to have been sustained as a result of a vehicular
accident on May 30, 2000 at 1940 Northside Drive.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert M. Gray DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0494

Date: January 16, 2001

Claimant /Victim GORDON H. HARPER

BY: (Atty)(Ins. Co.) _____

Address: 2827 Dover Road, Atlanta, Georgia 30327

Subrogation: _____ Claim for Property damage \$ 9,400.00 Bodily Injury \$ _____

Date of Notice: 08/09/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 05/30/00 Place: 1940 Northside Drive

Department Police Division: _____

Employee involved Alton S. Calhoun Disciplinary Action: _____

NATURE OF CLAIM: The driver of the City vehicle made an improper left turn and collided with the claimant's vehicle. However, the claimant has failed to furnish information necessary to substantiate his claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

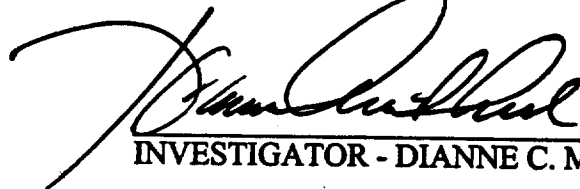
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned X

Respectfully submitted


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 01-16-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA

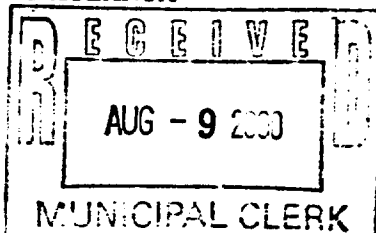
MUNICIPAL CLERK

City Hall

55 Trinity Avenue, S.W.

Atlanta, Georgia 30335

Dear Municipal Clerk:



RE: CLAIM FOR DAMAGES

Today's Date: 8/2/2000

ENTERED - 8-28-00 - SB

00L0494 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 9,400^{xx}/100 property and/or \$ 300. ~~xx~~ bodily injury for which I contend the City is liable.

1. Date of incident: 05-30-2000 2. Time of Incident: 12:23PM 3. Police called: Yes
(month/day/year) Yes No

4. Location of incident (including street address): 1940 Northside Dr. NW

5. Name of your insurance company: Fireman's Fund Policy No. VZA 12216726

6. State what and how incident occurred: A police car pulled across two lanes of on coming traffic - when there were approaching cars - he was leaving a crime scene and did not give any advance warning

ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Acura 1994 638 MW Corinne L. Harper
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Ford Atkins Colson Atl. Police Dept
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Gordon H. Harper
(Print Claimant's Name)

2827 Dover Rd
(Address)

Atlanta, GA, 30327
(City, State and Zip Code)

770-993-2444 404-355-8368
(Work Number) (Home Number)

01-R -0138